

✓
5/28

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY17 (July 1, 2016 to June 30, 2017) Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Bethany Christian Services
Federal Tax ID Number	[REDACTED]
Street Address	665 E. Dublin Granville Road, Suite 410
City, State Zip code	Columbus, OH 43229
County of Location Providing Services (One Application Per Location)	Franklin
Address where ODH should Direct Payment	Bethany Christian Services ATTN: Mary Jo Cauette 665 E. Dublin Granville Road, Suite 410 Columbus, OH 43229
Counties of Service <i>This location serves women from the following counties:</i>	Delaware, Fairfield, Franklin, Knox, Licking, Madison, Pickaway, Union, Ashland, Cuyahoga, Geauga, Lake, Mahoning, Portage, Trumbull
Name of Person and Title completing application	Carol Hess, Executive Administrative Assistant
Area Code/Phone Number	717.399.3243
Email	chess@bethany.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life Funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

V. For New Choose Life Organization Applicants: By June 1, 2016 submit the following:

- One (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed.

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Supplier Information Form

In addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form; and

- Completed Authorization Agreement for Direct Deposit of EFT Payments form (optional).

If the Organization elects EFT payments over paper check payments, then in addition to returning the form with this application, the Organization will also be required to fax, email, or mail the form directly to Ohio Shared Services as directed at the bottom of the form.

All applicable forms can be found at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771), or 1 (614) 338-4781.

VI. By June 1, 2017, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2016–May 30, 2017).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2017 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

INVOICE

Invoice #: 0103
Invoice Date: 09/13/2016
Purchase Order #: DOH01-0000045581
OAKS Vendor #: 0000238427

Bill To: Ohio Department of Health
Bureau of Maternal, Child and Family Health
P.O. Box 118
Columbus, Ohio 43216

Remit To: Bethany Christian Services
665 E Dublin Granville Rd Ste 410
Columbus, Ohio 43229

Quantity	Description	Unit Cost	Amount
1	Provision of Choose Life services for women who are considering adoption.	1	\$ 3,488.65

Program Approval: <u>[Signature]</u>	Grand Total	\$3,488.65
Approval Date: <u>9/13/16</u> <u>ok to pay</u>		

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

Dept of Health

Supplier:
0000238427
BETHANY CHRISTIAN SERVICES
665 E DUBLIN GRANVILLE RD STE 410
COLUMBUS OH 43229

Dispatch via Print

Purchase Order	Date	Revision	Page
DOH01-0000045581	08/30/2016		1
Payment Terms	Freight Terms	Ship Via	
Net 30	FOB Destination, Prepaid	N/A	
	Phone	Currency	
KENNON A HUGHES		USD	

Ship To: Dept of Health
P003574
KENNON A HUGHES
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Bill To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	3,488.65	3,488.65	
Choose Life Program					

Schedule Total 3,488.65

Item Total 3,488.65

ODH Contact: Marius Igwe 614-466-4634 Contract# 8029

Total PO Amount 3,488.65

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.

Department Head

Richard Hodges, MPA
Director of Health

2



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Carol Hess, Executive Administrative
Bethany Christian Services
665 E. Dublin Granville Road, Suite 410
Columbus, OH 43229

Tax ID: [REDACTED]

Dear Ms. Hess:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. Application(s) was approved for the following county(s) in the amount(s) of:

• Franklin	\$ 976.00
• Knox	\$ 220.00
• Licking	\$ 306.66
• Madison	\$ 36.00
• Pickaway	\$ 66.66
• Union	\$ 113.33
• Ashtabula	\$ 220.00
• Geauga	\$ 270.00
• Lake	\$ 1,280.00

Application(s) was not approved for the following county(s) for the following reason(s):

• Delaware	Other applicant organization located in county
• Fairfield	Other applicant organization located in county
• Cuyahoga	Other applicant organization located in county
• Mahoning	Other applicant organization located in county
• Portage	Other applicant organization located in county
• Trumbull	Other applicant organization located in county
• Ashtabula	Other applicant organization located in county

Enclosed is a copy of the contract as was submitted. You should receive an award totaling \$3,488.65 within the next 30 days.

If you have any questions, please contact the Choose Life Program consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,


Richard Hodges, MPA
Director of Health